

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)						SERIAL NO. 458858		FILING DATE 12/10/99					
						CLAIMS							
	AS FILED		AFTER 1 <sup>st</sup> ALLOWANCE		AFTER 2 <sup>nd</sup> ALLOWANCE								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
3							63						
4							64						
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38							98						
39							99						
40							100						
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48													
49													
50													
TOTAL NO.							TOTAL NO.						
TOTAL OFF.							TOTAL OFF.						
TOTAL							TOTAL						